

EMERGENCY MEDICAL SERVICES AUTHORITY

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November 17, 2021

Ms. Kris Mangano, Emergency Medical Services Administrator
San Benito County Emergency Medical Services Agency
471 Fourth Street
Hollister, CA 95023

Dear Ms. Mangano:

This letter is in response to San Benito County Emergency Medical Services (EMS) Agency's 2018 EMS plan submission to the EMS Authority on November 20, 2020.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before November 18, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

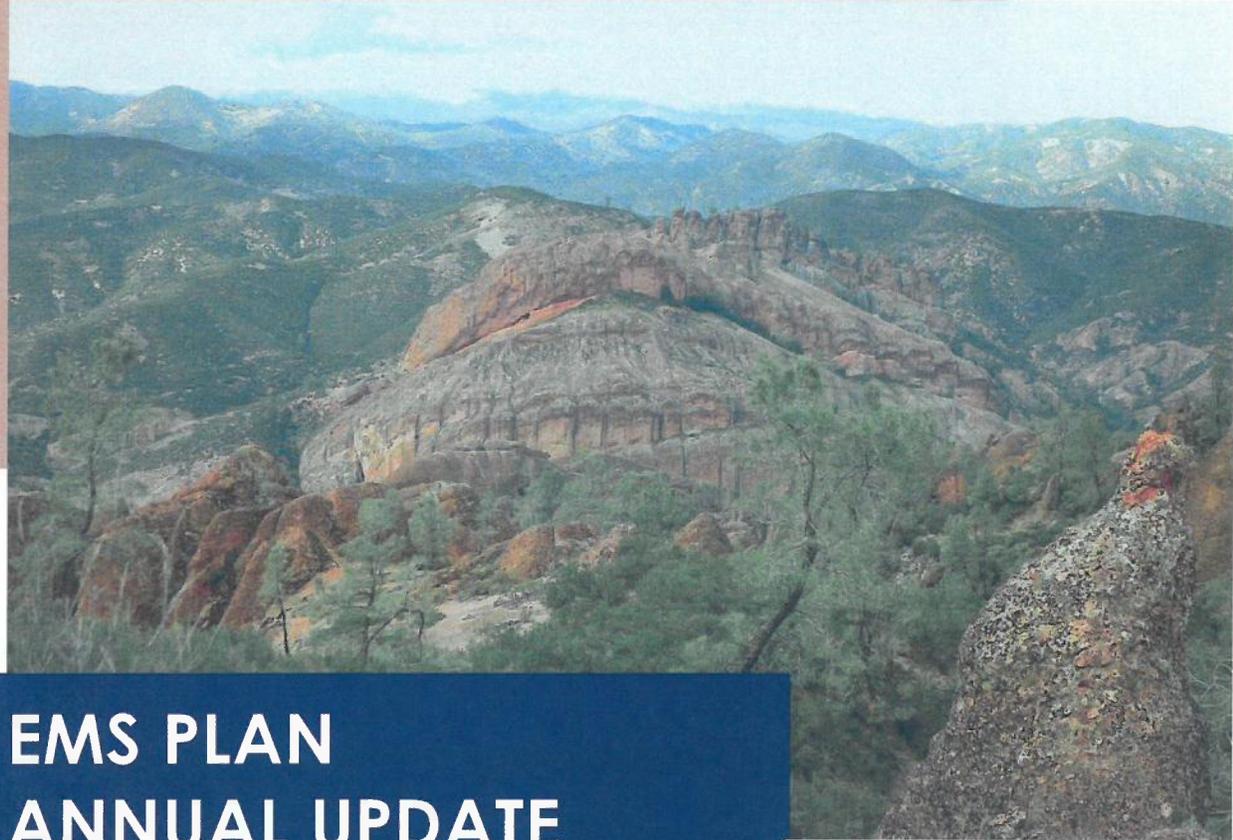
Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Basnett".

Elizabeth Basnett, EMEDM
Acting Director
Emergency Medical Services Authority

Enclosure

eb:lg



EMS PLAN ANNUAL UPDATE 2018

County of San Benito

**Office of Emergency Services
Emergency Medical Services Division**

www.cosb.us

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A MESSAGE FROM THE EMS COORDINATOR

The EMS Plan Update is intended to meet the requirements of the California Health & Safety Code, Division 2.5, Section 1797.254. There are no significant changes from our 2017 Plan.

All data included in this Plan are from the calendar year 2018, unless otherwise noted.

The EMS Agency would like to thank our community partners, first responders, emergency dispatchers, EMTs and Paramedics, and emergency department personnel for their dedication, commitment, and effort in supporting the San Benito County EMS System.

It is my pleasure to present this update on behalf of San Benito County.

Respectfully submitted,

Kris Mangano

Kris Mangano, EMS Coordinator

ABOUT SAN BENITO COUNTY

Located in California's Central Coast region, 130 miles south of San Francisco, San Benito County (pop. 62,808) maintains a rural feel while offering a strong sense of community and historic charm in the County's two incorporated cities and three unincorporated towns. The County encompasses almost 1,400 square miles and was formed from parts of Monterey County in 1874.



Agriculture is San Benito County's largest industry with fertile valley soil supporting some of the most productive farmland in the state. Cool ocean air regulates the County's temperature resulting in warm summers and mild winters perfect for enjoying the many outdoor pursuits available in the area.

San Benito County offers visitors and residents a wide array of "hidden" treasures. In February of 2013, the majestic mountains of Pinnacles National Monument were officially designated at the 59th National Park in the U.S. The County's emerging wine country offers highly acclaimed and award-winning wines set among the scenic landscape of the area. Home to mission San Juan Bautista, the County also offers the enjoyment of an array of outdoor recreational activities, Agri-tourism, public library, museums, art festivals and galleries. The ideal proximity situated between the Silicon Valley and Monterey Bay provides easy access to the numerous amenities of the big city, while still offering an idyllic and scenic setting with affordable housing and a quality lifestyle.

MISSION STATEMENT

To protect and improve the health and safety of the people in San Benito County through the provision of high-quality Emergency and Disaster Medical Services, with reasonable costs, community involvement, continuous evaluation, injury and illness prevention programs and anticipatory planning.

VISION

To provide system leadership and planning that is proactive while continuously seeking ways to improve and optimize Emergency Medical Services for the citizens and visitors of San Benito County.

THE EMS SYSTEM

A functioning EMS system is composed of diverse components working together to meet the needs of those who call 911 for medical assistance. Coordination of these EMS system components is the responsibility of the EMS Agency. The EMS Agency actively monitors the response to medical emergencies, certifies and accredits personnel, authorizes ambulance providers, sets local policies and protocols, oversees first responder (fire and law enforcement) Narcan and AED use, reviews patient care documentation, monitors and evaluates contract compliance and Inter-facility Transports, provides regulatory oversight to ambulance providers, hospitals and private contracts, actively participates in State and Regional Administrator meetings and committees and provides a comprehensive framework to ensure the community has a coordinated and appropriate EMS response when calling 911.

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support transport. The current contract with American Medical Response (AMR) expires June 30, 2019. The First Responder agencies in San Benito County, Hollister Fire Department and CalFire, are non-transporting, providing BLS only. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital, Hazel Hawkins Hospital, or the specialty center.

Air ambulances (helicopters) are used for the transport of critically injured or ill patients, as defined by Policies, Procedures and Protocols. San Benito County is primarily served by CALSTAR. With bases in Monterey, Santa Cruz, and Santa Clara Counties, CALSTAR can provide a rapid transport to nearby trauma or specialty centers. These resources can often be a life-saving option in those circumstances where ground transport times would be extended. CALSTAR also provides critical care air ambulance services to transfer patients from Hazel Hawkins Emergency Department to specialty centers.



The EMS Medical Director, David Ghilarducci, provides medical oversight to the system, which includes quality improvement and educational activities.

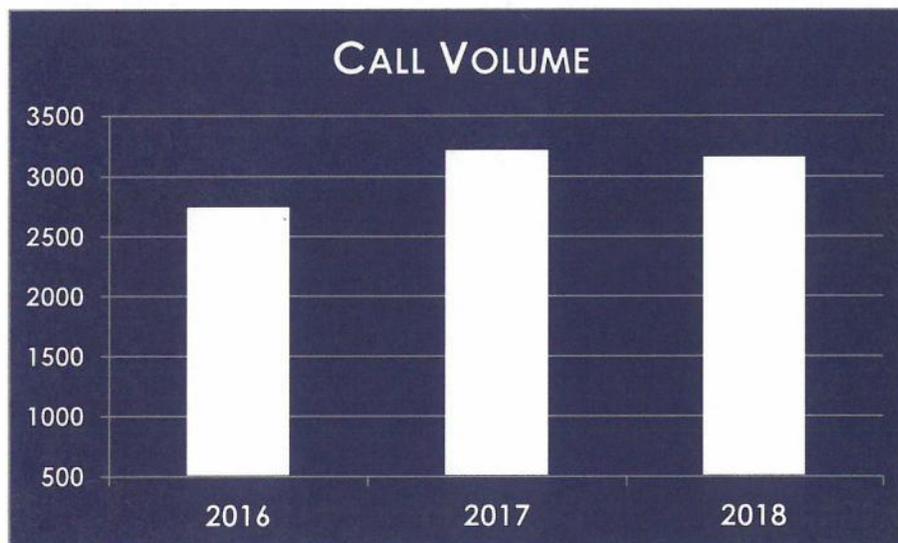
DISPATCH

Santa Cruz Regional 911(SCR911) is our contracted Public Safety Answering Point (PSAP). After initial law enforcement triage, medical calls are transferred to secondary PSAPs, located in the same center, where Emergency Medical Dispatch (EMD) process takes place, and then an EMS response is dispatched according to professional emergency medical dispatch protocols. Dispatchers are trained and certified to standards and provide potentially life-saving pre-arrival instructions to the 911 caller. Santa Cruz Regional 911 received 3,662 medical calls from residents and visitors of San Benito County in 2018.



CALL VOLUME

For the January 1, 2018 – December 31, 2018 calendar year, American Medical Response responded to 3,427 emergency calls. In addition, they provided 139 inter-facility transports; usually from Hazel Hawkins Hospital to near-by nursing homes.

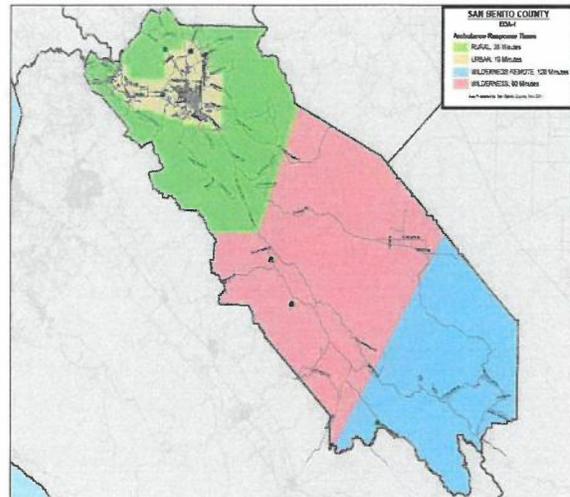


2018 saw a slight decrease (approx. 2%) in Call Volume over 2017

RESPONSE TIME COMPLIANCE

System response times are a key measurement of performance. This measurement is the determining factor which drives the placement and redeployment of the system's resources throughout the entire system.

American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene, measured monthly, to meet the specified response times. American Medical Response had an average response time compliance of 93.72% in the EOA.



San Benito County Response Zone Map

STEMI / STROKE

Patients who are suffering from the most immediate life-threatening type of heart attack or Stroke, are transported directly to a specialty Receiving Center, where rapid, specialized treatment can be immediately initiated.

CARES

San Benito County joined the Cardiac Arrest Registry to Enhance Survival (CARES) program. Cardiac Arrest data is collected and reported to provide a platform to measure San Benito County outcome data against the rest of the nation and make changes to enhance delivery of care.



TRAUMA SYSTEM PLAN

Trauma patients are flown, or ground transported to a nearby Trauma Center, based on Policies and Procedures. Hazel Hawkins Hospital is in the planning stages of becoming a Level IV Trauma Center. Our Trauma System Plan will be updated once that occurs.

QUALITY IMPROVEMENT

The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

- the EMS Medical Director,
- EMS Program Manager,
- Physician from Base Hospital
- PLN from Base Hospital,
- QA Manager,
- EOA Ambulance CES Coordinator
- Emergency Medical Dispatch Program Manager
- and other representatives of the San Benito County EMS community as approved by the EMS Medical Director and Program Manager

The purpose of the QI Committee is to provide a system-wide approach for evaluating the Emergency Medical System of San Benito County in order to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS Providers, Receiving Hospitals, and Base Hospitals in defining standards, evaluating methodologies and utilizing the evaluation results for continued system improvement.

Every local EMS agency implements services consistent with the standards established in statutes, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

PRE-HOSPITAL ADVISORY COMMITTEE (PAC)

This committee is not open to the public. It is comprised of the Medical Director, EMS Manager, Emergency Department physicians, PLN from Base Hospital, and any Provider Agency Representative. The purpose of the Pre-Hospital Advisory Committee is to review and update existing protocols and to develop new protocols. The meetings allow a format where provider agencies can interact directly with our Medical Director regarding questions, concerns, or new pre-hospital care devises.

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors, under which it serves, advice and recommendations on EMS system planning and oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276. Membership consists of one commissioner and one alternate commissioner from each of the agencies/organizations below:

Agency/Organization
Air Ambulance Provider (CALSTAR)
American Red Cross
Aromas Tri-County Fire
Bureau of Land Management
CA Dept. of Parks & Rec. – Hollister Hills
CALFIRE
CHP – Gilroy/Hollister Division
Contracted Ambulance Provider (AMR)
Field EMT or Paramedic
Hollister Fire
Hollister Police
Member-at-Large
National Park Service – Pinnacles National Park
Public Safety Communications Center (SCR911)
San Benito County Behavioral Health
San Benito County Board of Supervisors
San Benito County Public Health Dept.
San Benito County Probation
San Benito County Sheriff's Dept.
San Benito County Healthcare Dist.-Hazel Hawkins Hospital

The EMCC may establish ad-hoc groups to advise the EMS Agency and EMS stakeholders on matters of interest. These groups will be terminated upon completion of their goals.

EDUCATION

Annual Skills Training is a requirement for all 1st responders working in San Benito County. The course is offered every January and provides "hands-on" training ranging from airway management, childbirth, and CPR to Intraosseous Infusion (placing an IV directly into the marrow of a bone), Stroke awareness, and Trauma.

We provide Educational Forums on a quarterly basis, in partnership with the Hazel Hawkins Hospital Emergency Department. Upcoming speakers include a presentation by CALSTAR on landing zone safety and how to safely load patients for transport; a Drug Enforcement Agent with CHP speaking about Common Street Drugs; and a hazardous material exercise in the ER.

Continuing Educational Units are provided for EMTs and Paramedics, which are required to maintain their certifications/licensure.

COMMUNITY OUTREACH

Community Outreach and Public Education are important component of the San Benito County EMS Agency. We work closely with all of pre-hospital provider agencies to promote "Hands-Only" CPR. We provide education at many events throughout the county; Farmers Markets, local schools, career days, community safety events and churches. We also participate in PulsePoint to assist in public awareness of Cardiac Arrest events.



San Benito County EMS Agency is active in the San Benito County Opioid Task Force, providing Nalaxone training to the community and opioid awareness and prevention.

TRAINING & EXERCISES

The San Benito County Emergency Medical Services Agency, in partnership with all local public safety agencies, conducted a full-scale active shooter exercise at the local movie theatre. The exercise provided first responders with an opportunity to train and evaluate capabilities, plans, policies, and procedures in a training setting.



The exercise focused on decision-making coordination, and integration with other agencies during a Multi-Casualty Incident. It

provided an outstanding opportunity for real-time training on a realistic situation.



MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC)

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the MHOAC program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MHOAC is authorized to make and respond to request for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination of out-of-hospital medical care providers
5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
6. Coordination of providers of non-fire based prehospital emergency medical services
7. Coordination of the establishment of temporary pre-transport field treatment sites
8. Health surveillance and epidemiological analysis of community health status
9. Assurance of food safety
10. Management of exposure to hazardous agents
11. Provisions of coordination of mental health services
12. Provision or coordination of mental health services
13. Provision of medical and health public information and protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

FINANCIAL MANAGEMENT

COMMUNITY SERVICES AREA (CSA) 36

CSA36 was established by the Board of Supervisors in December 1990 and affects all parcels in San Benito County.

The EMS Agency administers the CSA-36. These funds support the provisions of EMS within San Benito County; Advanced Life Support (paramedic services), including coordination and oversight of medical protocols, personnel, training, communications, essential services, and the administration of the Emergency Medical Services Agency.

EMS REVENUE

EMT, Paramedic and Ambulance Fees were increased in this year to reflect the approval of County Ordinance #972 – Master Fee Schedule.

Hollister Hills pays an annual amount of \$42,750.00 to help offset the calls generated by the park to the EMS System.

Additional revenue includes the administrative fees and interest earned on the Maddy Fund.

THE MADDY FUND

Section 1797.98 of the Health and Safety Code authorizes counties to establish a *Maddy Emergency Medical Services (EMS) Fund* through the adoption of a resolution by the Board of Supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and for other discretionary EMS purposes. The Maddy EMS Fund is administered by the EMS Agency.

Additionally, the Health and Safety code §1797.98a(e) authorizes counties that have established the supplemental assessment, to establish a *Richie's Fund*, as part of the Maddy EMS Fund. The Richie's Fund provides funding for pediatric trauma.

The Maddy Fund (original and supplemental assessment) is funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations, including a portion of traffic school fees. The assessment is currently \$2.00 per \$10 of fines, penalties, and forfeitures.

ACCOMPLISHMENTS & SIGNIFICANT EVENTS

- ReddiNet – installed and received training a network that is dedicated to emergency medical communications. It facilitates information exchange among hospitals, EMS Agencies, dispatch centers, homeland security, and other health care system professionals in local and regional communities.
- Naloxone Grant - applied for and received a grant allowing us to continue to provide Naloxone to first responders, including Law Enforcement. Naloxone, or Narcan, reverses an opioid overdose.
- "Hands-Only" CPR – continued to provide instruction at Farmers Markets, Kids in the
- Policies, Procedures & Protocols – we update the manual annually and provide training on revisions during the Infrequently Used Skills training in January.

GOALS

- Improve Cardiac Arrest Survival Rates
 - Bystander CPR
- Local Trauma Center
 - Continuing working with Hazel Hawkins Hospital on the implementation of a Level IV Trauma Center
- Disaster Response
 - Participate in the Hospital Preparedness Program (HPP) by planning and implementing disaster drills, including tabletop and functional exercises.
 - Continued implementation and training of EMS policies related to multi-casualty incidents
- Public Information, Education and Outreach
 - Continue to provide "hands-only CPR" events
 - Continue participating in local organizations
 - San Benito County Opioid Task Force



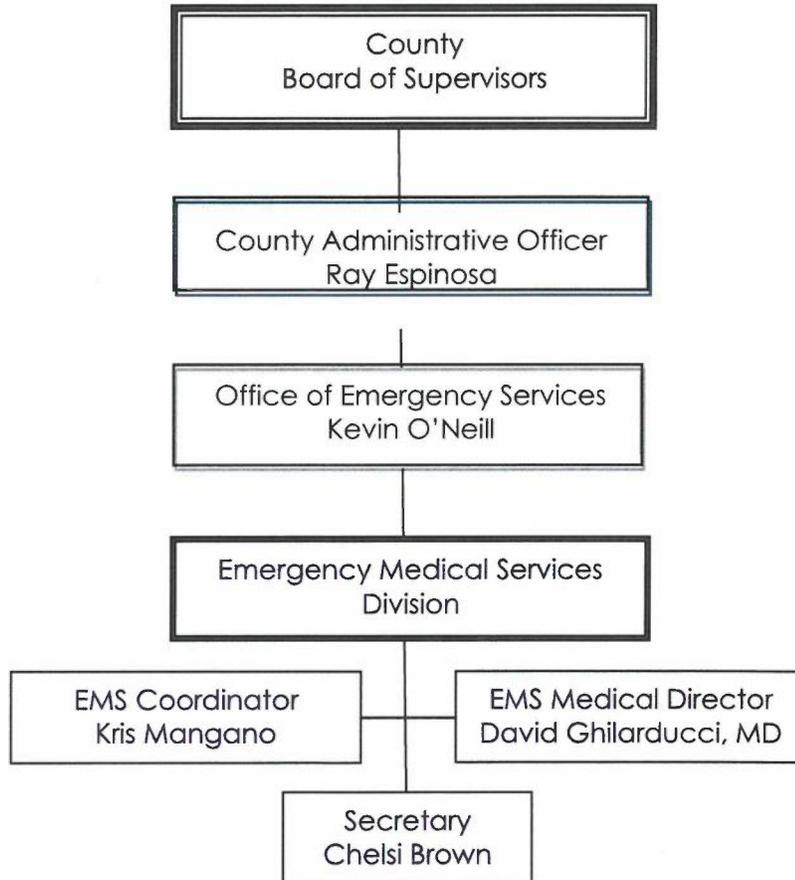
ORGANIZATIONAL CHART

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure			✓		
1.02	LEMSA Mission			✓		
1.03	Public Input			✓		
1.04	Medical Director			✓		
Planning Activities:						
1.05	System Plan			✓		
1.06	Annual Plan Update			✓		
1.07	Trauma Planning*					✓
1.08	ALS Planning*			✓		
1.09	Inventory of Resources			✓		
1.10	Special Populations			✓		
1.11	System Participants			✓		
Regulatory Activities:						
1.12	Review & Monitoring			✓		
1.13	Coordination			✓		
1.14	Policy & Procedures Manual			✓		
1.15	Compliance w/Policies			✓		
System Finances:						
1.16	Funding Mechanism			✓		
Medical Direction:						
1.17	Medical Direction*			✓		
1.18	QA/QI			✓		
1.19	Policies, Procedures, Protocols			✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy			✓		
1.21	Determination of Death			✓		
1.22	Reporting of Abuse			✓		
1.23	Interfacility Transfer			✓		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems			✓		
1.25	On-Line Medical Direction			✓		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan					✓
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan					✓
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan			✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs			✓		
2.02	Approval of Training			✓		
2.03	Personnel			✓		
Dispatchers:						
2.04	Dispatch Training			✓		
First Responders (non-transporting):						
2.05	First Responder Training			✓		
2.06	Response			✓		
2.07	Medical Control			✓		
Transporting Personnel:						
2.08	EMT-I Training			✓		
Hospital:						
2.09	CPR Training			✓		
2.10	Advanced Life Support			✓		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process			✓		
2.12	Early Defibrillation			✓		
2.13	Base Hospital Personnel			✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*			✓		
3.02	Radios		✓			
3.03	Interfacility Transfer*		✓			
3.04	Dispatch Center			✓		
3.05	Hospitals		✓			
3.06	MCI/Disasters			✓		
Public Access:						
3.07	9-1-1 Planning/Coordination			✓		
3.08	9-1-1 Public Education		✓			
Resource Management:						
3.09	Dispatch Triage			✓		
3.10	Integrated Dispatch			✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*			✓		
4.02	Monitoring			✓		
4.03	Classifying Medical Requests			✓		
4.04	Prescheduled Responses		✓			
4.05	Response Time*			✓		
4.06	Staffing			✓		
4.07	First Responder Agencies			✓		
4.08	Medical & Rescue Aircraft*			✓		
4.09	Air Dispatch Center			✓		
4.10	Aircraft Availability*			✓		
4.11	Specialty Vehicles*			✓		
4.12	Disaster Response			✓		
4.13	Intercounty Response*			✓		
4.14	Incident Command System			✓		
4.15	MCI Plans			✓		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing			✓		
4.17	ALS Equipment			✓		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance			✓		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan			✓		
4.20	“Grandfathering”			✓		
4.21	Compliance			✓		
4.22	Evaluation			✓		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities			✓		
5.02	Triage & Transfer Protocols*			✓		
5.03	Transfer Guidelines*			✓		
5.04	Specialty Care Facilities*		✓			
5.05	Mass Casualty Management			✓		
5.06	Hospital Evacuation*		✓			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*			✓		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓			
5.12	Public Input		✓			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		✓			
5.14	Public Input		✓			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		✓			
6.02	Prehospital Records		✓			
6.03	Prehospital Care Audits		✓			
6.04	Medical Dispatch		✓			
6.05	Data Management System*		✓			
6.06	System Design Evaluation		✓			
6.07	Provider Participation		✓			
6.08	Reporting		✓			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit			✓		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		✓			
6.11	Trauma Center Data					✓

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		✓			
7.02	Injury Control		✓			
7.03	Disaster Preparedness		✓			
7.04	First Aid & CPR Training		✓			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*			✓		
8.02	Response Plans			✓		
8.03	HazMat Training			✓		
8.04	Incident Command System			✓		
8.05	Distribution of Casualties*			✓		
8.06	Needs Assessment			✓		
8.07	Disaster Communications*			✓		
8.08	Inventory of Resources			✓		
8.09	DMAT Teams			✓		
8.10	Mutual Aid Agreements*		✓			
8.11	CCP Designation*		✓			
8.12	Establishment of CCPs		✓			
8.13	Disaster Medical Training		✓			
8.14	Hospital Plans		✓			
8.15	Interhospital Communications		✓			
8.16	Prehospital Agency Plans		✓			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies			✓		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity					

1TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2018

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: _____

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department**
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: Office of Emergency services Manager**

4. Indicate the non-required functions which are performed by the agency:

- | | |
|---|-------|
| Implementation of exclusive operating areas (ambulance franchising) | _____ |
| Designation of trauma centers/trauma care system planning | _____ |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | _____ |
| Development of transfer agreements | _____ |
| Enforcement of local ambulance ordinance | _____ |
| Enforcement of ambulance service contracts | _____ |
| Operation of ambulance service | _____ |
| Continuing education | _____ |
| Personnel training | _____ |
| Operation of oversight of EMS dispatch center | _____ |
| Non-medical disaster planning | _____ |
| Administration of critical incident stress debriefing team (CISD) | _____ |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>109,601.66</u>
Contract Services (e.g. medical director)	<u>15,537.50</u>
Operations (e.g. copying, postage, facilities)	<u>1,492.82</u>
Travel	<u>3,523.38</u>
Fixed assets	<u>0.00</u>
Indirect expenses (overhead)	<u>6,429.36</u>
Ambulance subsidy	<u>0.00</u>
EMS Fund payments to physicians/hospital	<u>61,367.66</u>
Dispatch center operations (non-staff)	<u>90,574.46</u>
Training program operations	<u>0.00</u>
Other: <u>Base Station</u>	<u>7,000.00</u>
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>295,526.84</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u>0.00</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0.00</u>
Office of Traffic Safety (OTS)	<u>0.00</u>
State general fund	<u>0.00</u>
County general fund	<u>0.00</u>
Other local tax funds (e.g., EMS district)	<u>487,158.00</u>
County contracts (e.g. multi-county agencies)	<u>0.00</u>
Certification fees	<u>4,431.00</u>
Training program approval fees	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0.00</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0.00</u>
Base hospital application fees	<u>0.00</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	<u>0.00</u>
Trauma center designation fees	<u>0.00</u>
Pediatric facility approval fees	<u>0.00</u>
Pediatric facility designation fees	<u>0.00</u>
Other critical care center application fees	<u>0.00</u>
Type: _____	
Other critical care center designation fees	<u>0.00</u>
Type: _____	
Ambulance service/vehicle fees	<u>8,007.00</u>
Contributions	<u>0.00</u>
EMS Fund (SB 12/612)	<u>118,845.86</u>
Other grants: _____	<u>0.00</u>
Other fees: <u>Hollister Hills</u>	<u>57,000</u>
Other (specify): _____	<u>0.00</u>
TOTAL REVENUE	\$ <u>675,441.86</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>129.00</u>
EMT-I recertification	<u>84.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>146.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>169.00</u>
MICN/ARN recertification	<u>100.00</u>
EMT-I training program approval	<u>N/A</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>N/A</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>7,000.00</u>
Trauma center application	<u>N/A</u>
Trauma center designation	<u>4,493.00</u>
Pediatric facility approval	<u>828.00</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: <u>STEMI</u>	
Ambulance Service License	<u>601.00-BLS 735.00-ALS</u>
Ambulance Vehicle Permit	<u>133.00ALS</u>
Other: _____	<u>102.00-BLS</u>
Other: _____	<u>N/A</u>
Other: _____	<u>N/A</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1	42.02	30	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	Medical Director	1	110.00	N/A	Contractor
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	1	25.17	30	
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: STAFFING/TRAINING

Reporting Year: 2018

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	80			
Number newly certified this year	8			
Number recertified this year	36			
Total number of accredited personnel on July 1 of the reporting year	78		0	
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0		0	

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

80 _____

b) Number of public safety (defib) certified (non-EMT-I)

0 _____

2. Do you have an EMR training program

yes no

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2018

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 minutes	30 minutes	90 minutes	
Transport Ambulance	10 minutes	30 minutes	90 minutes	

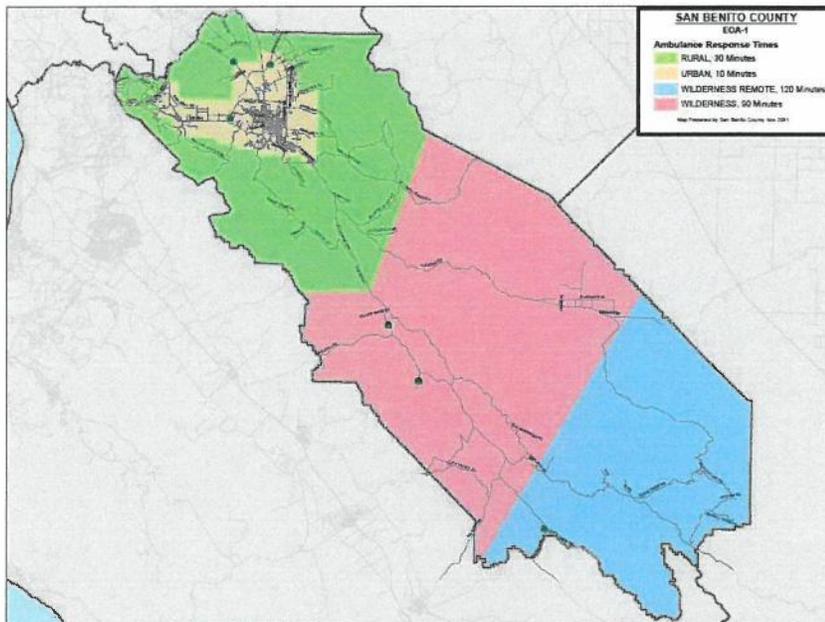


TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2018

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>814</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>124</u>
3. Number of major trauma patients transferred to a trauma center	<u>84</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>423</u>

Emergency Departments

Total number of emergency departments	<u>1</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>1</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>1</u>
2. Number of base hospitals with written agreements	<u>1</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: San Benito

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? See below
 - b. How are they staffed? See below
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No

- 3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
none
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
7. Are you part of a multi-county EMS system for disaster response? Yes No
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Comments:

Although we have pre-identified Casualty Collection Points, the emergency itself will ultimately determine whether the pre-identified sites are most appropriate for the given circumstances. Resources needed to operate CCPs would go through the IC. We would also work closely with the Office of Emergency Services to identify locations, for staffing, and logistics

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Benito **Provider:** American Medical Response **Response Zone:** EOA

Address: 1870 Hillcrest Road **Number of Ambulance Vehicles in Fleet:** 6
Hollister, CA 95023

Phone Number: (831) 636-9391 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
---	---	--	---

<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

<u>3427</u> Total number of responses	<u>2290</u> Total number of transports
<u>3427</u> Number of emergency responses	<u>2290</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>139</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Benito **Provider:** CALSTAR/REACH **Response Zone:** County-wide

Address: 4933 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 3
McClellan, CA 95652

Phone Number: (916) 921-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3 in our area

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracted executed in 2021	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

84 Total number of responses
84 Number of emergency responses
 _____ Number of non-emergency responses

84 Total number of transports
84 Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Benito

Provider: Hollister Fire Dept.

Response Zone: County of San Benito,
City of Hollister, City of
San Juan Bautista

Address: 110 Sally Street
Hollister, CA 95023

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (831) 636-4324

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

3332* Total number of responses
3332* Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*The "total number of responses/number of emergency responses" is included in Table 8 – American Medical Response.

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Benito **Provider:** State of California Dept. of Parks & Recreation **Response Zone:** Hollister Hills SVRA

Address: 7800 Cienega Road **Number of Ambulance Vehicles in Fleet:** 0
Hollister, CA 95023

Phone Number: (831) 637-8186 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: EMTs and Lifeguards</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
---	---	---	--	---

Transporting Agencies

<u>95*</u> Total number of responses	<u> </u> Total number of transports
<u>95*</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

*The "total number of responses/number of emergency responses" is included in Table 8 – American Medical Response.

TABLE 9: FACILITIES

County: San Benito

Note: Complete information for each facility by county. Make copies as needed.

Facility: Hazel Hawkins Hospital
Address: 911 Sunset Drive
Hollister, CA 95023

Telephone Number: (831) 637-5711

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<u>Pediatric Critical Care Center¹</u> <u>EDAP²</u> <u>PICU³</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Benito

Reporting Year: 2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	N/A	Telephone Number:	
Address:	_____		

Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:	Number of students completing training per year:	
	Basic: _____	Initial training:	_____
	Refresher: _____	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	_____
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Telephone Number:	
Address:	_____		

Student Eligibility*:	_____	**Program Level	_____
	Cost of Program:	Number of students completing training per year:	
	Basic: _____	Initial training:	_____
	Refresher: _____	Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	_____
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCY

County: San Benito

Reporting Year: 2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Santa Cruz Regional 911</u>	Primary Contact:	<u>Dennis Kidd</u>
Address:	<u>495 Upper Park Road</u> <u>Santa Cruz, CA 95065</u>		
Telephone Number:	<u>831-471-1000</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training <u>30</u> EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>EMS</u>	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	_____	Primary Contact:	_____
Address:	_____ _____		
Telephone Number:	_____ _____		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Date: 2018

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p>San Benito County Emergency Medical Services A Division of the San Benito County Office of Emergency Services</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p>n/a</p>
<p>Name of Current Provider(s):</p> <p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response (uninterrupted)</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>The area includes the entire County of San Benito</p> <p>THE LEGAL DESCRIPTION OF COUNTY OF SAN BENITO, CALIFORNIA</p> <p>Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence in a southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 18SI, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.</p>

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

As stated in the County EMS Plan and defined in Calif. H&S Code §1797.85 and as approved by the California EMS Authority on July 10, 2006, San Benito County's Emergency Ambulance Zone (EOA-1) is an Exclusive Operating Area.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Service at 911 Emergency Response/ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

In the 2005 EMS Plan Update, the California EMS Authority designated the County as an Exclusive Operating Area without the use of a competitive bid process. This was done by using the grandfather provision of Health & Safety Code §1797.224 and to acknowledge that San Benito has continued using, in the same manner and scope without interruption of services, existing Emergency Ambulance Service Providers since January 1, 1981.

On July 10, 2006, the Authority notified San Benito County EMS that it meets EOA grandfathering provisions of Health & Safety Code Section 1797.224.